



01-06-04

HDP/SB/21 based on PTO/SB/21 (08-00)

Please type a plus sign (+) inside this box → ☐**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	10/666,168	
	<b>Filing Dat</b>	September 19, 2003	
	<b>First Nam d Inventor</b>	Gibbs, et al.	
	<b>Group Art Unit</b>	To Be Assigned	
	<b>Examiner Name</b>	To Be Assigned	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	5490-000301

**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Return postcard</b>
<b>Remarks</b>		<b>The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.</b>

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

<b>Firm or Individual name</b>	Harness, Dickey & Pierce, P.L.C.	<b>Attorney Name</b>	Richard W. Warner	<b>Reg. No.</b>	38,043
<b>Signature</b>					
<b>Date</b>	January 5, 2004				

**CERTIFICATE OF MAILING/TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service as express mail in an envelope addressed to: Director of the U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below.

<b>Typed or printed name</b>	Richard W. Warner	<b>Express Mail Label No.</b>	EV 406 075 714 US (1/5/2004)
<b>Signature</b>		<b>Date</b>	Jan 5, 2004

EV 406 075 714 US



**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application No.: 10/666,168  
Filing Date: September 19, 2003  
Applicant: Gibbs, et al.  
Group Art Unit: To Be Assigned  
Examiner: To Be Assigned  
Title: MODULAR PROSTHETIC HEAD HAVING A FLAT  
PORTION TO BE IMPLANTED INTO A CONSTRAINED  
LINER  
Attorney Docket: 5490-000301

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Director of The United States Patent  
and Trademark Office  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

**STATUS INQUIRY**

Upon reviewing the above-identified application filed on September 19, 2003, we note that we have not yet received the Official Filing Receipt. Accordingly, would you please advise us when we can expect to receive the Official Filing Receipt.

Respectfully submitted,

HARNESS, DICKEY & PIERCE, P.L.C.  
Attorney for Applicants

Dated: January 5, 2004  
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